

Available Unit Listing

PLEASE NOTIFIY THE HOUSING OFFICE ONCE THE PROPERTY HAS BEEN RENTED.

CONTACT INFO	RMATION									
CONTACT PERSON NAME				TELEPHONE # FOR LIST		List	FAX#			
CONTACT PERSON MAILING ADDRESS				Стт			STATE		ZIP CODE	
PROPERTY MANAGEMENT COMPANY NAME/ADDR			DDRESS	DRESS ALT.			CONTACT TELEPHONE # FOR LIST			
PROPERTY OWNER		PROPERTY OWNER'S ADDRESS								
DATE AVAILABLE D		D ATE TO	REMOV	E LISTING*					e listing for 90 days . Only uld like a shorter listing time.	
RENTAL UNIT INFORMATION										
RENTAL UNIT STREET ADDRESS:				Unit#		Сіту		ZIP CODE		
# of Bedrooms	# OF BATHROOM FULL: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1/2: 1		RENT	NT REQUESTED		SECURITY DEPOSIT \$		SQUARE FOOTAGE		
MAJOR CROSS STREETS:			APPLIANCES PROVIDED BY OWNER: UTILITIES PAID BY OWNE						ID BY OWNER:	
			☐ Stove ☐ Self-clear			aning Oven 🗆 No		ne 🗆 Water		
			☐ Dishwasher ☐ Refrigerator				☐ Trash ☐ Electricity			
HANDICAP ACCESSIBLE: □Yes □ No			☐ Microwave ☐ Washer ☐ Dryer ☐ Gas ☐ Sewer						Sewer	
☐ Wheelchair Accessible ☐ Ramp OTHER AMENITIES:										
☐ Wider Doorways ☐ Handrails			☐ High Quality Cabinets			\square Wa	☐ Washer/Dryer Connection			
□ Roll-In Shower			☐ High Quality Floors			☐ Laundry Facilities				
☐ Wheelchair Accessible Kitchen			☐ Garbage Disposal			☐ Garage or Parking Facilities				
☐ Wheelchair Accessible Bathroom			☐ Patio			☐ Special Windows or Doors				
UNIT TYPE:			☐ Fireplace			□ Double Sink				
☐ Lowrise/Apts ☐ Mobile Home			☐ Storage			☐ On-site Management☐ Maintained Grounds				
☐ Row/Townhouse			☐ Play Ground☐ Fenced Yard			☐ Other:				
☐ Single Family Detached			☐ Central Air			☐ Other:				
AGE OF BUILDING:			☐ Eating Counter			☐ Other:				
☐ 1-5 Years ☐ 6-15 Years			PETS: Yes Assistive Animals Only							
☐ 16-25 years ☐ 26-35 Years			□ Domestic □ Small □ Cats Only □ Dogs Only							
☐ 36-50 years	☐ Over 50 Years		☐ Indoor Only ☐ Outdoor Only ☐ Other:							